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APPLICANTS  
  
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\*\* CONTINUING DATA \*\*\*\*\*  
none ced

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
none ced

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 10/21/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
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Verified and Acknowledged  
 Examiner's Signature: *CS/* Initials: *ced*

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TITLE  
 Dental minipin with interchangeable abutments

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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